2004

IDAHO GROCERY CREDIT REFUND

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2	
I	TC24041
	7-19-04

Your first name and initial	Lastname		Your Social Security Number						
				_					
If a joint return, spouse's first name and initial	Last name	st name Spouse			cial Security Number				
				_					
Mailing address							Ta	xpayer	
							✓ dealer	ceased 2004	
City, State and Zip Code								pouse	
								ceased 2004	
A. INCOME									
1. Enter your gross income. Include	•								
self-employment income before e rental income before expenses, a									
Security benefits or Veterans Adr				1					
•	•								
2. Enter the amount for your filing sta	· ·			2					
See instructions									
3. Compare lines 1 and 2.									
If line 1 is equal to or larger		se this form. You							
must file an income tax retu	•								
If line 1 is less than line 2, or	continue.								
B. REFUND CLAIMED				YOU	RSELF		SPOL	JSE	
Enter the date of birth									
			_	Month	Day Year	M	onth Day	Year	
2. Check the boxes that apply.									
Age 65 or older		\$35 pe	r person						
			-	Г	_			_ _	
■ Age 62, 63 or 64		\$20 pe	r person	L		-			
■ Blind and under age 62		\$20 ne	r nerson						
Billia and and ago oz		φ20 ρο	прогост					_	
Disabled veteran under ag			r person			•			
If you or your spouse have	not filed this form before	e, provide							
a photocopy of the Veterar establishes the disability.	is Administration docume								
cottabilities the disability.		\$20	\$35	\$·	40	\$55	\$70)	
3. Total refund claimed (Check one	box)								
C. SIGNATURE(S) REQUIRED									
If you or your spouse are unable	to sign, your	If anyone other							
representative must write "unable the signature space(s) and enter		behalf of a dec be completed a			IKS FO	m 13	s i o mu	JSt	
name, address and relationship.	THO OF THOS	bo completed c	ina attao	nou.					
Yoursignature						Date			
` X									
	T SIGN)			Dh	none numb	ner			
Spouse's signature (if a joint return, BOTH MUS'	i SiGN)				ione nuntil	احر			
X									

Instructions for Idaho Form 24

Who Qualifies to Use This Form

You may use this form if you were a resident of Idaho for all of 2004, you are not required to file an Idaho income tax return, <u>and</u> you (or your spouse):

- were 62 or older on 12/31/2004, or
- are blind, or
- are a disabled American veteran of any war engaged in by the U.S., with a recognized service-connected disability of 10% or more, or a Veterans Administration nonservice-connected disability.

If you are married and normally file a joint income tax return, you should file jointly on this form even if only one of you qualifies.

You cannot claim the grocery credit on more than one form.

Filing Status Chart For Line 2				
<u>Status</u>	Income			
If you are Married:				
filing separate return	\$ 3,100			
filing jointly, both under 65				
filing jointly, one spouse 65 or older				
filing jointly, both spouses 65 or older				
If you are Single:				
• under 65	\$ 7,950			
■ 65 or older	\$ 9,150			
If you are a Qualifying Widow(er) with a dependent of	child:			
■ under 65	\$12,800			
■ 65 or older	\$13,750			
If you are Head of Household (you must have paid more	re than half the			
cost of maintaining a home for a qualifying person, such a	s a child or parent):			
under 65	\$10,250			
■ 65 or older	\$11,450			

Do you need help completing this form? Visit your nearest Tax Commission office, or call (208) 334-7660 in the Boise area or 1-800-972-7660 toll free.

Boise	800 Park Blvd., Plaza IV
Coeur d'Alene	1910 Northwest Blvd., Suite 100
Idaho Falls	150 Shoup Ave., Suite 16
Lewiston	1118 F Street
Pocatello	611 Wilson Ave., Suite 5
Twin Falls	1038 Blue Lakes Blvd. N., Suite C

Hearing impaired callers (TDD): 1-800-377-3529